



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

GENEVA MEDICAL MANAGEMENT, INC

Respondent Name

DISCOVER PROPERTY & CASUALTY INSURANCE CO

MFDR Tracking Number

M4-13-2638-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 17, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. John Anderson requests Medical Dispute Resolution in pursuant of Rule 133.305 Medical Dispute Resolution in the above referenced patients case.

Per Rule 126.7 Designated Doctor Examinations: Request and General Procedures. This request was made in the form and manner prescribed by the Division. The report of the designated doctor is given presumptive weight regarding the issue(s) in question and/or dispute. The designated examination was requested to resolve question(s) about the following: **Impairment caused by the employee's compensable injury Attainment of maximum medical improvement**

In this case the reimbursement is not according to the Rule. The Designated Doctor may conduct two distinct exams in the same day. He shall be reimbursed \$350.00 per exam. The procedural guidance for bundling of codes does not apply to Designated Doctors exams. The examination for MMI/IR is reimbursed at \$350.00 and \$150.00 for one body are (DRE) method. When a permanent impairment exists, A Division of Workers' Compensation (DWC) certified impairment rating (IR) doctor must perform a physical examination to determine maximum medical improvement (MMI) and assign and IR. When the MMI and the range of motion, strength, or sensory testing required assigning an IR for the musculoskeletal body area(s), the doctor should bill using component modifier-WP. The Maximum allowable is reimbursed at 100% ... **We seek full reimbursement for the outstanding balance of \$75.00** along with interest accrued according to Rule 134.803 Calculating Interest for Late Payments on Medical Bills."

Amount in Dispute: \$75.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on June 25, 2013. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 30, 2012	CPT Code 99456-W5-WP	\$75.00	\$75.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 59 – Processed based on multiple or concurrent procedure rules

Issues

1. Were the disputed services performed billed in accordance with 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.204 states (i) The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (C) If the examining doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed in accordance with paragraphs (3) and (4) of this subsection. (3) The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350. (4) The following applies for billing and reimbursement of an IR evaluation. (A) The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form. (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i) Musculoskeletal body areas are defined as follows: (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.”
Review of Commissioner Order dated October 23, 2012, approved examination scheduled for November 12, 2012, which was later changed and approved by the Division for November 30, 2012. The purpose of the examination is to address maximum medical improvement, impairment rating, return to work and extent of injury. Review of DWC-69 indicates that the performing doctor evaluated the injured worker for maximum medical improvement, impairment rating with one body area using diagnosis related estimate (DRE) method, return to work and extent of injury as ordered. The total MAR for CPT Code 99456-W5-WP for maximum medical improvement and impairment rating evaluation only, allowable is \$500.00. Therefore, CPT Code 99456-W5-WP is supported.
2. The respondent issued payment in the amount of \$425.00. Based upon the documentation submitted, additional reimbursement in the amount of \$75.00 is recommended

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$75.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$75.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

7/25/14
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.